

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:

03 - 08

2. STATE:

TEXAS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:

April 1, 2003

5. TYPE OF PLAN MATERIAL (Circle One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.51

7. FEDERAL BUDGET IMPACT: **See Attachment**
a. FFY 2003 \$ -0-
b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attachment

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

See Attachment

10. SUBJECT OF AMENDMENT:

This amendment deletes cost sharing that was approved in Transmittal Number 02-15. The cost sharing process from the approved amendment was enjoined by a state district court in Travis County on December 16, 2002, the first business day following the effective date of the amendment. The commission, therefore, has not implemented the cost sharing established under the amendment or generated the program cost savings that were anticipated from its successful implementation. In addition, the Texas Legislature is currently considering legislation that would codify certain Medicaid cost sharing requirements. The attached amendment is proposed in order to accommodate new public policy as prescribed by the 78th Texas Legislature and to enable the commission to consider all potential cost savings initiatives.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Jason Cooke

14. TITLE:
State Medicaid/CHIP Director

15. DATE SUBMITTED:
May 30, 2003

16. RETURN TO:

Jason Cooke
State Medicaid/CHIP Director
Post Office Box 13247
Austin, Texas 78711

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

4 JUNE 2003

18. DATE APPROVED:

1 AUGUST 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1 APRIL 2003

21. TYPED NAME:

ANDREW A. FREDRICKSON

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

Revision: HCFA-PM-91-4 (BPD)

OMB No.: 0938-

State/Territory: TexasCitation 4.18 Recipient Cost Sharing and Similar Charges

- 42 CFR 447.51 through 477.58 * (a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
- 1916(a) and (b) of the Act (b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:
- (1) No enrollment fee, premium, or similar charge is imposed under the plan.
 - (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
 - (i) Services to individuals under age 18, or under--
 - ☐ Age 19
 - ☐ Age 20
 - ☒ Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APP'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX</u> <u>03-08</u>	

- (ii) Services to pregnant women related to the pregnancy of any other medical condition that may complicate the pregnancy.

SUPERSEDES: TN- 02-15

* For Categorically Needy and Medically Needy eligibles, no cost sharing or similar charges are imposed under the State Plan.

TN No. 03-08Supersedes TN No. 02-15 Approval Date 8-1-03Effective Date 4-1-03

Revision: HCFA-PM-91-4 (BPD)

OMB No.: 0938-

State/Territory: TexasCitation * 4.18(b)(2) (Continued)42 CFR 447.51
through 477.58

(iii) All services furnished to pregnant women.

☐ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a health maintenance organization in which the individual is enrolled.

1916 of the Act,

P.L. 99-272,
(Section 9505)(viii) Services furnished to an individual receiving hospice care,
as defined in section 1905(o) of the Act.

* For Categorically Needy and Medically Needy eligibles, no cost sharing or similar charges are imposed under the State Plan.

SUPERSEDES: TN- 02-15

STATE	<u>Texas</u>
DATE REC'D	<u>6-4-03</u>
DATE APPV'D	<u>8-1-03</u>
DATE EFF	<u>4-1-03</u>
HCFA 179	<u>TX 03-08</u>

TN No. 03-08Supersedes TN No. 02-15 Approval Date 8-1-03Effective Date 4-1-03

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)

OMB No.: 0938-

State/Territory: TexasCitation

4.18(b) (Continued)

42 CFR 447.51
nominal
through 447.58

(3) Unless a waiver under 42 CFR 431.55(g) applies, deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☐ 21 or older

☐ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

SUPERSEDES: TN- 02-15

STATE <u>Texas</u>	A
DATE REC'D <u>4-1-03</u>	
DATE APV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN No. 03-08Supersedes TN No. 02-15 Approval Date 8-1-03Effective Date 4-1-03

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: Texas

Citation 4.18(c) ☒ Individuals are covered as medically needy under the plan.

42 CFR 447.51 through 447.58 (1) ☐ An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through 447.58 (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under --

☐ Age 19

☐ Age 20

☐ Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

SUPERSEDES: TN- 02-15

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 4-1-03

Revision: HCFA-PM-91-4 (BPD)

OMB No.: 0938-

State/Territory: TexasCitation

4.18(c) (Continued)

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☐ 21 or older

Reasonable categories of individuals who are 18 years of age or older, but under 21, to whom charges apply are listed below, if applicable:

SUPERSEDES: TN- 02-15

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 4-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

A. The following charges are imposed on the categorically needy:

Service	Nature of Charge			Amount and Basis for Determination
	Deductible	Coinsurance	Copayment	

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN No. 03-08

Supersedes TN No. 02-15

Approval Date 8-1-03

Effective Date 4-1-03

SUPERSEDES: TN- 02-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas.

B. The method used to collect cost sharing charges for categorically needy individuals:

- ☐ Providers are responsible for collecting the cost sharing charges from individuals.
- ☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

SUPERSEDES: TN 02-15

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN. No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03 Effective Date 4-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

E. Cumulative maximums on charges:

- ☐ State policy does not provide for cumulative maximums.
- ☐ Cumulative maximums have been established as described below:

SUPERSEDES: TN- 02-15

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>-X 02-03</u>	

TN. No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 4-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

A. The following charges are imposed on the medically needy for services:

Service	Nature of Charge			Amount and Basis for Determination
	Deductible	Coinsurance	Copayment	

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN No. 03-08

Supersedes TN No. 02-15

Approval Date 8-1-03

Effective Date 7-1-03

SUPERSEDES: TN- 02-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

B. The method used to collect cost sharing charges for categorically needy individuals:

- ☐ Providers are responsible for collecting the cost sharing charges from individuals.
- ☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

SUPERSEDES TN- 02-15

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN. No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 4-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

E. Cumulative maximums on charges:

- ☐ State policy does not provide for cumulative maximums.
- ☐ Cumulative maximums have been established as described below:

SUPERSEDES: TN- 02-15

STATE <u>TEXAS</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN. No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03 Effective Date 4-1-03